

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008035

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2406

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY - - -
b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Missouri
c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION City Hospital2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY - - -c. CITY OR TOWN St. Louis, Inside Limits Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) 6440 Oleatha Reside on Farm Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Eugene

Festor

Fishell

4. DATE OF DEATH

Month

Day

Year

February

28,

1962

5. SEX
M6. COLOR OR RACE
W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4-26-18939. AGE (last birthday)
68IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Automobile Mechanic10b. KIND OF BUSINESS OR INDUSTRY
Auto Repairs11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Eugene H. Fishell

13b. MOTHER'S MAIDEN NAME

Magdaline Festor

14. NAME OF HUSBAND OR WIFE

Henrietta Fishell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Henrietta Fishell 6440 Oleatha

18. CAUSE OF DEATH (Enter only one cause per line for terminal cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Posterior Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary embolus

DUE TO (c)

Cardiac Hypertrophy

INTERVAL BETWEEN ONSET AND DEATH

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4344

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/10/58 to 2/22/62 and last saw her alive on 2/22/62
Death occurred at 3:34 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

HOFFMEISTER COLONIAL MORTUARY

SAM

MAR 1 1962

Loan Smith, M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John D. Deneke
Licensed Embalmer No. 4194
P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.